



USTRAC

Facility Summary

Owner Name and Address: James Eastbury (b) (6) Marysville WA 98270

Facility ID	Location Name	Location Street Address	Location City State	Zip	County	Tribe	SOC	C&E Status	LUST
4240005	Eastbury Salvage Metals & Auto Wrecking	6805 35th Ave. NE	Marysville, WA 98270	98270	Snohomish	Tulalip	NA	No Visits	NA

Financial Responsibility

Type	Issuer	Policy Number	Effective Date Start	Effective Date End
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Contacts

Contact Name:	Address:	City State Zip:	Phone:	Fax:	Email:
Eastbury, James	(b) (6)	Marysville WA 98270	(206) 659-1540		
Eastbury, Marilyn		Marysville WA 98270	(206) 659-1540		

Tank Summary

M* = Manifold; C*=Compartment

Tank ID	Status	M* C* Installed	Closed	Product	Capacity	Tank Material / Sec. Mat.	Piping Material / Sec. Mat. / Type	Over / Spill / CP
1	Permanently Out of Us	No No 1/1/1976	9/1/1987	Gasoline	500	Asphalt Coated or Bare Steel	None Other (Specify in Comments)	Not Listed No No No

Facility Actions

Inspection Date	Inspector	Action	SOC	C & E Status	SOC UST Status	Last Due Date	Closed Date	Number of Violations	Outstanding Violations
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Lust Events

Event Date	LUST Status	Manager	Last Milestone	Last Closed Date
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Facility General Comments



USTRAC Facility Summary

Source	Date	Comments
CBoulind	01/16/14	File material appears to have been lost except for a previous database printout circa 1992.



Facility Tank Information

Facility: **Eastbury Salvage Metals & Auto Wrecking**Facility ID No: **4240005**Street: **6805 35th Ave. NE**Facility Description: **Commercial**City ST Zip: **Marysville, WA 98270**

Operator:

County: **Snohomish**Tribe: **Tulalip**Phone: **(360) 659-1540**LUST Status: **NA**Latitude: **0** Longitude: **0**Last Inspection Date: **Not Visited**Owner: **James Eastbury**C&E Status: **No Visits**Address: **(b) (6)**
Marysville WA 98270SOC Status: **NA**SOC UST Status: **NA**

Tank Status

Tank ID: **0001**Alt Tank ID: **1**Compartment: ☐ Manifolder: ☐Tank Status: **Permanently Out of Use**Installation Date (Mo/Yr): **1/1/1976**Est. Total Capacity (gallons): **500**Federally Regulated Tank: ☐

Release Detection

Tank / Pipe

Manual Tank Gauging: ☐Tank Tightness Testing: ☐Inventory Control: ☐Vapor Monitoring: ☐Groundwater Monitoring: ☐Automatic Tank Gauging: ☐Interstitial Monitoring: ☐SIR: ☐Auto Line Leak Detector: ☐Line Tightness Testing: ☐Sump Sensor: ☐Other Method: ☐Deferred: ☐Not Listed: ☒None: ☒

Tank Information

Tank 1

Clerk: **CBoulind**Modified: **1/16/2014 11:57:41 AM**

Tank Construction Material

Tank Material: **Asphalt Coated or Bare Steel**Secondary Material: **None**

Tank Manufacturer:

Tank Repaired: ☐ Used for Emergency
Power Generation: ☐

Piping Construction Material

Piping Material: **Other (Specify in Comments)**

Secondary Material:

Piping Manufacturer:

Type of Pipe: **Not Listed**Piping Repaired: ☐ Metal in Contact with Ground: ☐

Corrosion Protection

☐ Yes ☒ No ☐ NAFRP/ Flex Pipe: ☐Impressed Current: ☐Sacrificial Anodes: ☐Interior Lining: ☐

Latest Upgrade Install Date:

Spill / Overfill Protection

Spill Protected: ☐Exempt: ☐Overfill Protected: ☐(Tank filled by transfers
no more than 25 gallons
at one time.)(Check all
that apply.) Ball Float: ☐Float Restrictor: ☐Outside Alarm: ☐

Substance Currently or Last Stored in Greatest Quantity by Volume

Substance: **Gasoline**

CERCLA No.:

Tank Closure or Change-In-Service

Closure Status: **Tank removed from ground**

Closure Observations:

Inert Fill:

Site Assessment
Completed: ☐Date Last Used: **02/01/1987**Closed Date: **09/01/1987**LUST Trust Fund
Tank Removal: ☐

NFA Date:

Tank Comments

Source Date Comments

CBoulind 01/16/14 Piping described as "above ground".

NOTIFICATION DATA FOR UNDERGROUND STORAGE TANKS

FACILITY DATA

FACILITY ID NUMBER: 0-424005

OWNER'S ID : 226

DATE RECEIVED : 11-20-86

NOTIFICATION TYPE : Closure

NUMBER OF TANKS : 1

OWNERSHIP OF TANK(S):

Name : JAMES EASTBURY

Mailing Address: (b) (6)

City : MARYSVILLE

Phone: (206) 659-1540

State : WA

County: SNOHOMISH

Zip Code: 98270

LOCATION OF TANK(S):

Name : JAMES EASTBURY

Street Address: 6805 35TH NE

City : MARYSVILLE

County: SNOHOMISH

State : WA

Latitude: NOT MARKED

Zip Code : 98270

Longitude: NOT MARKED

OWNER TYPE : Commercial

INDIAN LANDS :

Reservation/Trust Lands: YES

Owned by Tribe : NOT MARKED

Name of Tribe/Nation : TULALIP

FACILITY TYPE(S):

Commercial

CONTACT PERSON IN CHARGE OF TANKS:

Name : MARILYN EASTBURY

Title: WIFE

Address: (b) (6)

City : MARYSVILLE

State: WA

Zip Code: 98270

Phone : (206) 659-1540

CERTIFICATION:

Name : MARILYN EASTBURY

Title: (b) (6)

Date : 05-07-86

FINANCIAL RESPONSIBILITY:

I have met the financial requirements: NOT MARKED

Method(s):

NOT MARKED

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Signature:

Date:

NOTIFICATION DATA FOR UNDERGROUND STORAGE TANKS

Page 1

Tank Data

FACILITY ID*	0-424005	*	*	*	*	*
TANK ID	1	*	*	*	*	*
Status of Tank		*	*	*	*	*
Currently In Use		*	*	*	*	*
Temp. Out of Use		*	*	*	*	*
Perm. Out of Use		*	*	*	*	*
Amendment	X	*	*	*	*	*
Date of Installation	01-01-76	*	*	*	*	*
Age	18	*	*	*	*	*
Est. Total Capacity (Gals)*	500	*	*	*	*	*
Material of Construction		*	*	*	*	*
Asphalt or Bare Steel	X	*	*	*	*	*
Cath. Protected Steel		*	*	*	*	*
Epoxy Coated Steel		*	*	*	*	*
Composite		*	*	*	*	*
Fiberglass Reinf. Plas.		*	*	*	*	*
Lined Interior		*	*	*	*	*
Double Walled		*	*	*	*	*
Poly. Tank Jacket		*	*	*	*	*
Concrete		*	*	*	*	*
Excavation Liner		*	*	*	*	*
Unknown		*	*	*	*	*
Other, explanation		*	*	*	*	*
Tank been repaired?		*	*	*	*	*
Piping Material		*	*	*	*	*
Bare Steel		*	*	*	*	*
Galvanized Steel		*	*	*	*	*
Fiberglass		*	*	*	*	*
Copper		*	*	*	*	*
Cathodically Protected		*	*	*	*	*
Double Walled		*	*	*	*	*
Secondary Containment		*	*	*	*	*
Unknown		*	*	*	*	*
Other, explanation	ABOVE GROUND	*	*	*	*	*
Piping Type		*	*	*	*	*
Suction: No Valve		*	*	*	*	*
Suction: Valve		*	*	*	*	*
Pressure		*	*	*	*	*
Gravity Fed		*	*	*	*	*
Piping been repaired?		*	*	*	*	*
Substance Stored in Tank		*	*	*	*	*
Gasoline	X	*	*	*	*	*
Diesel		*	*	*	*	*
Gasohol		*	*	*	*	*
Kerosene		*	*	*	*	*
Heating Oil		*	*	*	*	*
Used Oil		*	*	*	*	*
Other, explanation		*	*	*	*	*

Tank Data

FACILITY ID*	0-424005	*	*	*	*	*
TANK ID	1	*	*	*	*	*
Substance Stored in Tank	*	*	*	*	*	*
Hazardous Substance	*	*	*	*	*	*
CERCLA Name	*	*	*	*	*	*
CAS Number	*	*	*	*	*	*
Mixture	*	*	*	*	*	*
Mixture, Specification	*	*	*	*	*	*
Tanks Out of Use/Chg. Ser.*	*	*	*	*	*	*
Est. Date Last Used	02-01-87	*	*	*	*	*
Est. Date Tank Closed	09-01-87	*	*	*	*	*
Removed from Ground	X	*	*	*	*	*
Closed in Ground	*	*	*	*	*	*
Filled with Inert Mat.	*	*	*	*	*	*
Inert Mat. Description	*	*	*	*	*	*
Change in Service	*	*	*	*	*	*
Site Assessment Compl.	*	*	*	*	*	*
Leak Detected	*	*	*	*	*	*
Installation	*	*	*	*	*	*
Certified by Manufac.	*	*	*	*	*	*
Certified by Imple. Agn*	*	*	*	*	*	*
Inspected by Engineer	*	*	*	*	*	*
Inspected by Imple. Agn*	*	*	*	*	*	*
Checklists Completed	*	*	*	*	*	*
Another Allowed Method	*	*	*	*	*	*
Method Description	*	*	*	*	*	*
Release Detection	Tank	Piping*	*	*	*	*
Manual Tank Gauging	*	*	*	*	*	*
Tank Tightness Testing	*	*	*	*	*	*
Inventory Controls	*	*	*	*	*	*
Automatic Tank Gauging	*	*	*	*	*	*
Vapor Monitoring	*	*	*	*	*	*
Groundwater Monitoring	*	*	*	*	*	*
Inter. Mon./Double Wall	*	*	*	*	*	*
Inter. Mon./Sec. Cont.	*	*	*	*	*	*
Auto. Line Leak Detect.	*	*	*	*	*	*
Line Tightness Testing	*	*	*	*	*	*
Other Method	*	*	*	*	*	*
Other Description	*	*	*	*	*	*
Spill and Overfill	*	*	*	*	*	*
Overfill Device Inst.	*	*	*	*	*	*
Spill Device Installed	*	*	*	*	*	*
Installation	*	*	*	*	*	*
Name	*	*	*	*	*	*
Position	*	*	*	*	*	*
Company	*	*	*	*	*	*
Date	*	*	*	*	*	*